

Application Form for Enrolment
St. Joseph's N.S., Woodford, Co. Galway
Tel.: 090-9749525 Email: coill.ias@eircom.net

Surname:

First Name:

Address:

Date of Birth:

Home Telephone:

Religion:

Place of Baptism:

Father's Name:

Work Tel:

Mother's Name:

Work Tel:

Previous School (if any):

Class: _____

***Report included?**

Parent's/Guardian's Signature:

Date: _____

Child's Name:

Address:

Birth Cert Forename
(if different from above):

Date of Birth: _____ **Nationality:** _____
Country of Birth: _____ **PPS No:** _____

Parents:

Name of Mother: _____

Phone (Home): _____

Phone (Work): _____

Name of Father: _____

Phone (Home): _____

Phone (Work): _____

Special Needs:

Has your child been assessed by:

_____ **Educational psychologist?**

_____ **Speech Therapist?**

_____ **Occupational Therapist?**

_____ **Other? (please specify)**

Does your child have any special educational needs?

Yes _____ **No** _____ **Please specify:**

Medical

Does your child suffer from any illness that the school should be aware of?

Yes _____ No _____ Please specify:

Does your child suffer from any allergy that the school should be aware of?

Yes _____ No _____ Please specify:

Does your child require any medication that the school should be aware of?

Yes _____ No _____ Please specify:

Emergency Contact Numbers:

Doctor's Name	Address	Phone Number

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Please list at least two emergency contact names/numbers (other than those overleaf) whom the school can contact in the event of an emergency.

Name	Address	Phone Number
1.		
2.		
3.		
4.		
Childminder	Address	Phone Number

In the event of an accident/emergency and the school being unable to contact any of the numbers above, it is the policy of the school to seek medical attention for the injured party. I agree that medical attention may be given to my child _____ if necessary.

Signature of Parent(s) /Guardian(s)

_____ **Date:** / /

_____ **Date:** / /

In case of Emergency Closing of the School, eg School has to close early because of lack of heating, electricity etc., what arrangements have you made for your child?

In case of your child being sick or having an accident during school time, please indicate who the School should contact and where. (Please include telephone number if possible.)

Name: _____

Tel: _____

Address:

Any other useful information: (illness, allergies etc.)